

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

Art. 19 Pre-Amend CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51					
2		1		1				52					
3		1		1				53					
4		3		3				54					
5	2		2					55					
6	2		2					56					
7			2					57					
8	2		2					58					
9	2		2					59					
10	1		1					60					
11	1							61					
12		1						62					
13	1							63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25					1			75					
26						1		76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2		2		2			TOTAL IND.					
TOTAL DEP.	12	↔	9	↔	11	↔		TOTAL DEP.	↔	↔	↔	↔	
TOTAL CLAIMS	14		11		13			TOTAL CLAIMS					
